# RECOMMENDED IMMUNIZATIONS FOR HOSPITAL AND MEDICAL OUTPATIENT FACILITY PERSONNEL

Based on the recommendations of the U.S. Public Health Services Advisory Committee on Immunization Practices

| Vaccines* | Primary Schedule and Booster(s) | Indications | Major Precautions and Contraindications | Special Considerations |
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| **Hepatitis B** Inactivated Virus Vaccine | 3 doses; 1st two 1-2 months apart and 3rd at least 2 months after the 2nd and at least 4 months after the 1st. No need for routine boosters. | All Health Care Workers (HCWs) with regular or potential contact with tissue, blood or other bodily fluids should ensure that they are immune (if not already infected).<br><br>Before immunizing, serologic screening for hepatitis B can be done if the hospital considers it cost-effective or the potential vaccinee requests it.<br><br>Post-exposure prophylaxis: consult USPHS recommendations, [MMWR 2001; 50 (RR11): 1-42 or subsequent update], local health department, or the Immunization Branch. | History of anaphylactic hypersensitivity to yeast products or to a prior dose. | Can start series with one manufacturer's vaccine and finish with another.<br><br>Health Care Workers who have contact with patients or blood should be serotested 1-2 months after vaccination for anti-HBs response. |
| **Influenza** Inactivated Virus Vaccine | Annual fall immunization with current vaccine. Dose: 0.5 ml (IM) | Physicians, nurses, and other personnel in both hospital and outpatient-care settings, including medical emergency response workers (e.g., paramedics and emergency medical technicians).<br>Employees of nursing homes and chronic-care facilities who have contact with patients or residents.<br>Employees of assisted living and other residences for persons at high risk.<br>Persons who provide home care to persons at high risk.<br>Household contacts (including children) of persons at high risk.<br>Health Care Workers at high risk. | History of anaphylactic hypersensitivity to eggs or to a prior dose. | Use of inactivated influenza vaccine is preferred for vaccinating Health Care Workers, household members, and others who have close contact with immuno-suppressed persons because of the theoretical risk that a live, attenuated intranasal influenza vaccine virus could be transmitted to the immunosuppressed person and cause disease. |
| **Measles** Live Virus Vaccine (Given as MMR) | 2 doses, at least 1 month apart. No booster. Dose: 0.5 ml (SC) | Personnel born in 1957 or later and at risk of contact with patients infected with measles should be considered immune only if they have documented measles seropositivity or documented receipt of two doses of measles vaccine on or after the 1st birthday. Those born in 1956 or earlier should be considered susceptible unless they have documentation of seropositivity or receipt of one dose of measles vaccine on or after the 1st birthday. | Pregnancy; immunocompromised; history of anaphylactic hypersensitivity to gelatin, neomycin or to a prior dose; recent receipt of immune globulin or blood/blood product.<br><br>Persons with egg allergy are at extremely low risk of reacting to MMR. | MMR is the vaccine of choice if recipients possibly are susceptible to rubella or mumps. |
| **Rubella** Live Virus Vaccine (Given as MMR) | 1 dose. No booster. Dose: 0.5 ml (SC) | All Health Care Workers should ensure that they are immune.<br><br>Before immunizing, serologic screening for rubella can be done if the hospital considers it cost-effective or the potential vaccinee requests it. Adults born before 1957, except fertile women, can be considered immune. Persons lacking documentation of vaccine on or after 1st birthday or laboratory evidence of immunity should be considered susceptible. | Pregnancy; immunocompromised; history of anaphylactic hypersensitivity to gelatin, neomycin or to a prior dose; recent receipt of immune globulin or blood/blood product.<br><br>Persons with egg allergy are at extremely low risk of reacting to MMR. | The risk for rubella vaccine-associated malformations in the offspring of women pregnant when vaccinated or who become pregnant within 3 months after vaccination is negligible. Such women should be counseled regarding the theoretical basis of concern for the fetus. MMR is the vaccine of choice if recipients possibly are susceptible to measles or mumps. |
| **Varicella** Live Virus Vaccine | 2 doses 4-8 weeks apart. Dose: 0.5 ml (SC) | All Health Care Workers should ensure that they are immune.<br><br>Persons who are seropositive or who have a convincing clinical history of varicella do not need immunization. | Immunocompromised; anaphylactic reaction to a prior dose or to vaccine component; pregnancy; recent receipt of immune globulin or blood/blood product. | If apparent vaccine-induced rash occurs within 26 days after either dose, avoid room contact with immunocompromised, pregnant, or other high-risk persons for duration of rash. |
| **Polio** Inactivated Virus Vaccine (IPV) | IPV: 2 doses 4-8 weeks apart; 3rd dose 6-12 months after 2nd. Dose: 0.5 ml (SC) | Personnel who may have direct contact with imported acute polio patients should complete a primary series with IPV and not OPV. | Pregnancy; Anaphylactic hypersensitivity to neomycin, streptomycin or polymyxin B. | The vaccine is safe for immunocompromised individuals, and some protection may result from its administration. |
| **Tetanus/Diphtheria** | All adults, regardless of occupation, should receive Td (tetanus-diphtheria) toxoid boosters every 10 years. For those who have never received these toxoids, the primary immunization series with Td is 2 doses 4-8 weeks apart with a 3rd dose 6-12 months after the 2nd. | | | |
| **Mumps** | HCWs believed to be susceptible can be vaccinated with a single dose of MMR given SC. Adults born before 1957 can be considered immune. See Measles or Rubella for Contraindications. | | | |

* For all of these vaccines, delay between doses does not require restarting series. Hepatitis A vaccine is not routinely recommended for health care workers.